

# HEALTH POLICY BRIEF

RHODE ISLAND DEPARTMENT OF HEALTH

## ***Office of Women's Health: Assessing and Enhancing the Health Status of Women in Rhode Island***

August 2002  
Issue No. 02 - 03

*Safe and Healthy Lives in Safe and Healthy  
Communities*

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## Introduction

Traditionally women have been the primary lay health care providers and health decision-makers for their families, and women's health has been thought of primarily in terms of reproductive health. Recently, however, there has been increasing recognition that women's concerns for their health and well-being extend beyond matters of reproductive health.<sup>1</sup>

In 2001, the Rhode Island General Assembly created the Office of Women's Health (OWH) to assess the health needs and enhance the health status of Rhode Island women. The OWH uses various strategies to accomplish these objectives:

- ◆ Research women's health programs
- ◆ Identify best practices
- ◆ Collect and analyze data
- ◆ Develop plans and policies
- ◆ Provide technical assistance to programs serving women's health needs.

Staff appointed to this new office include Sharon Marable, MD, MPH, Medical Director for the OWH; Nancy Libby Fisher, MMHS, OWH Coordinator, and Nancy Sutton, Liaison.

In 2002, members were appointed to the Office of Women's Health Advisory Committee to provide leadership in setting statewide priorities and recommending women's health related policies. The Advisory Committee membership is comprised of individuals across Rhode Island representing wide-ranging personal and professional perspectives as well as diverse age, racial, and ethnic groups.

### The Office of Women's Health is guided by four core principles\*:

◆ Women's health spans every stage of a woman's life – preadolescence through adolescence, reproductive, midlife and mature years. It involves physical and mental health, personal and environmental safety, as well as the prevention and treatment of disease.	◆ Women's health expands beyond the concept of childbearing and embodies healthy women of all ages and healthy communities. It incorporates the essential role of public health in the prevention of health problems and assurance of high quality health care.
◆ Disparities in health care and services for women can be addressed by using current surveillance and research data about women's health to guide policy development, program planning, and to generate new data, when necessary.	◆ Women's health can be enhanced by fostering partnerships, collaborations, and building bridges between health providers, consumers, health advocates, researchers, policymakers, and stakeholders.

## Several areas of interest for the Office of Women's Health parallel activities of Healthy Rhode Islanders 2010.

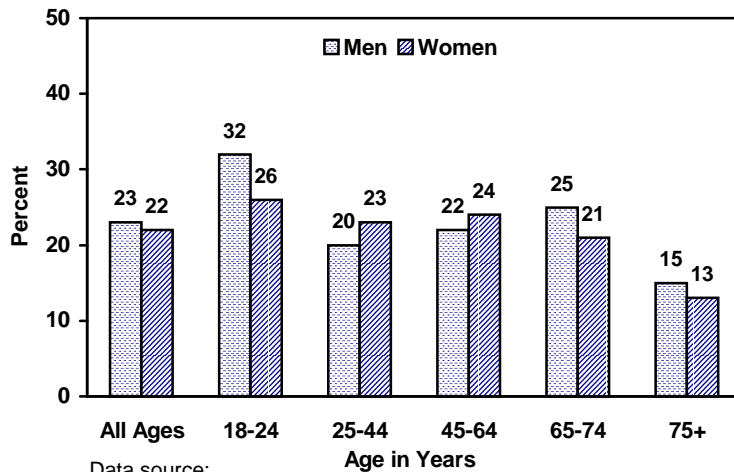
The OWH and Healthy Rhode Islanders 2010 both focus on the overarching goals of improving the quality of healthy life, eliminating health disparities, as well as monitoring health indicators, which include physical activity, nutritional status, weight, and tobacco use.<sup>2</sup>

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\* Adapted from the California Department of Health Services Office of Women's Health

## Physical Activity Levels Decrease as Women Get Older

Figure 1: Light to Moderate Physical Activity\* Among Rhode Island Adults, by Gender, 1998 & 2000

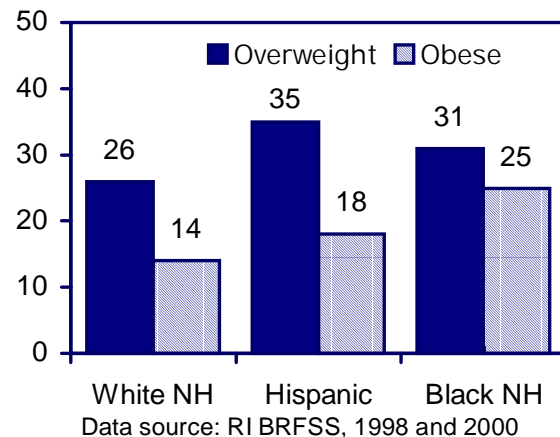


Regular physical activity is associated with lower death and chronic disease rates for adults of any age. Regular physical activity decreases the risk of death from heart disease, lowers the risk of developing diabetes, helps prevent high blood pressure, and is associated with a decreased risk of colon cancer. Less than 1 in 4 women get the minimum recommended amount of physical activity and the percent who are active decreases with age.

## Overweight and Obesity Present Major Health Problems

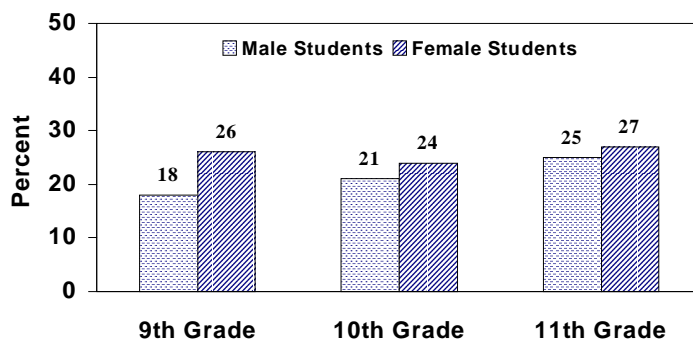
Overweight and obesity substantially raise the risk of illness from high blood pressure, high cholesterol, type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers.<sup>2</sup> More than half of all women are overweight or obese. Hispanic women and Black non-Hispanic women are more likely to be overweight than White non-Hispanic women and are more than twice as likely to be obese.

Figure 2. Overweight and Obesity\* in RI Women Ages 20+, by Race/Ethnicity, 1998-2000.



## Tobacco Use Is Higher Among Adolescent Girls than Boys

Figure 3. Current Smoking\* Among Rhode Island Students in Grades 9 – 11, 2001



Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases. About 1 in 4 women smoke and rates are similar for female high school students. A higher proportion of female students smoke than male students, with the greatest difference occurring in the 9<sup>th</sup> grade.

# Plans and Policies for the Office of Women's Health

Physical Activity	Overweight & Obesity	Tobacco Use
<ul style="list-style-type: none"> <li>The Path to Health, a walking program, encourages the public to walk more often for enjoyment and better health. Its goal is to develop safe, signed walking routes within each of Rhode Island's 39 cities and towns. The OWH will work with this and similar programs to encourage physical activity.</li> </ul>	<ul style="list-style-type: none"> <li>A higher proportion of Rhode Island's minority women than white, non-Hispanic women are overweight or obese. The OWH will work with the Obesity Control Program at the Rhode Island Department of Health to recommend interventions to prevent overweight and obesity, especially those targeting high-risk minority groups, and addressing disparities among these groups of women.</li> </ul>	<ul style="list-style-type: none"> <li>One in four Rhode Island women regularly smokes cigarettes; smoking rates for adolescent females are similar. More women will die prematurely from smoking-related diseases than from breast cancer. OWH will support initiatives to reduce smoking and exposure to second-hand smoke, and work with the RI Tobacco Control program on gender specific media campaigns and smoking cessation programs.</li> </ul>

## \* Definitions:

*Light to moderate PA* = engage in light or moderate PA for at least 30 minutes 5 or more times per week.

*Overweight* = BMI of 25 –29; *Obesity* = BMI of 30 or more. [BMI = weight in kilograms/(height in meters<sup>2</sup>)]

*Current smoking* = Has smoked 1 or more cigarettes in the past 30 days.

## Data sources:

### Rhode Island Behavioral Risk Factor Surveillance System (BRFSS)

The RI BRFSS is a telephone survey of a representative sample of Rhode Island adults (ages 18 years and older). The survey has been performed annually since 1984 with funding from the federal Centers for Disease Control and Prevention (CDC). Sampling and telephone interviewing are done by a professional survey organization under contract to HEALTH, with a sample size of 3,544 respondents in 2000. Results from the RI BRFSS are available on the OHS website:

<http://www.healthri.org/chic/statistics/brsf2000.pdf> and on CDC's BRFSS website: <http://www.cdc.gov/brfss>

### RI Youth Risk Behavior Survey (YRBS)

The RI YRBS is a self-administered survey of a representative sample of Rhode Island high school students (grades 9 – 12). The survey has been performed in 1997 and 2001 with funding from the federal Centers for Disease Control and Prevention (CDC) and is sponsored by the RI Department of Education. In 2001 1392 students participated in the survey. Results from the RI YRBS are available on the OHS website:

<http://www.healthri.org/chic/statistics/yrbs2001.pdf> and on CDC's YRBS website: <http://apps.nccd.cdc.gov/YRBSS/changeRptBySiteV.asp?Site=RI>

### Additional Resources on Women's Health:

[www.healthri.org/disease/owh](http://www.healthri.org/disease/owh) (Rhode Island Office of Women's Health)  
[www.4woman.gov](http://www.4woman.gov) (National Women's Health Information Center)  
[www.4od.nih.gov/orwh/index](http://www.4od.nih.gov/orwh/index) (Office of Research on Women's Health)  
[www.iwpr.org](http://www.iwpr.org) (Institute for Women's Policy Research)  
[www.jiwh.org](http://www.jiwh.org) (Jacob's Institute for Women's Health)  
[www.hrsa.gov/womenshealth](http://www.hrsa.gov/womenshealth) (HRSA Office of Women's Health)

## References:

<sup>1</sup>U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Office of Women's Health. Women's Health Fact Sheet: 2002.

([http://www.hrsa.gov/WomensHealth/wh\\_fact.htm](http://www.hrsa.gov/WomensHealth/wh_fact.htm))

<sup>2</sup> U.S. Department of Health and Human Services, Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

(<http://www.health.gov/healthypeople>)

For more information about HEALTH's Office of Women's Health, contact Nancy Libby Fisher at 401-222-7621 or visit the HEALTH website at: <http://www.healthri.org>.



## HEALTHri

Rhode Island Department of Health

This report was prepared by Nancy Libby Fisher, Joyce Coutu, Colleen M. Ryan, and Jana Hesser.

<sup>1</sup>U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA), Office of Women's Health. Women's Health Fact Sheet: 2002.

([http://www.hrsa.gov/WomensHealth/wh\\_fact.htm](http://www.hrsa.gov/WomensHealth/wh_fact.htm))

<sup>2</sup> U.S. Department of Health and Human Services, Healthy People 2010: Understanding and Improving Health. 2<sup>nd</sup> ed. Washington, DC: U.S. Government Printing Office, November 2000.

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